

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	10/27
O.I.P.E. CLASSIFIER		19	11/70
FORMALITY REVIEW	S.B	JC 895	11-28-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
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2	11/27
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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